

Dr. Zhang Ren's Experience in the Acupuncture Treatment of Different Diseases with the Same Therapeutic Principle

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Dr. Zhang Ren, the chief physician, is the chairman of Shanghai Acupuncture and Moxibustion Association. Having been engaged in medicine for about 40 years, he is experienced in treating various intractable diseases. In his long years of clinical practice, he advocates taking the TCM differentiation as the basis to seek for the acupuncture method for treatment of modern intractable diseases. The author of this essay had the fortune to follow Dr. Zhang in study. The following is a summary of Dr. Zhang's experience in the acupuncture treatment for different intractable diseases with the same therapeutic principle.

Treating Different Diseases with the Same Acupoints

Xinming are the new points discovered by acupuncturists in clinical practice in the 70s of the last century, which were used to treat eye diseases. These points have strong needling response, and can give the effect of replenishing *qi* and removing blood stasis, so as to improve eyesight. Among these points, Xinming 1 is located in the midpoint of the skin folds posterior to the earlobe, 5 *fen* anterior-superior to Yifeng (TE 17). In clinical practice, Dr. Zhang has found that this point has not only marked therapeutic effect for the various eye diseases, but also satisfactory effect for intractable facial paralysis, facial muscular spasm, and trigeminal neuralgia. There was once a woman patient about 50 years old coming for treatment of involuntary painless paroxysmal tic of the left facial muscle. Two years before, the patient got intermittent twitching in the left lower eyelid, which was

getting more frequent and extending downward to the mouth angle. The facial tic was intensifying, with the tic time prolonging and the interval shortening. The condition would become worse upon emotional excitement. She was then treated with needling at Xinming 1. When there appeared the needling sensation of soreness, numbness, heaviness, or distending, the needle manipulation was applied, making the needling sensation reach the cheek, and the patient would have local comfortable warm sensation. Thereupon, the facial muscular tic stopped, and no more tic appeared during the period of needle retaining. After many times of acupuncture treatment, the frequent facial tic decreased to occasional. And the patient was clinically cured after a period of consolidating treatment.

Take Tianzhu (BL 10) as another example. Dr. Zhang thinks that Tianzhu (BL 10) is belonging to Foot Taiyang Meridian, located near Fengfu (GV 16) of Governor Vessel interiorly and Fengchi (GB 20) of Foot Shaoyang Meridian exteriorly, and takes *qi* of the three *yang* meridians. Whereas, all the *yang* meridians gather at the head part, and the essential *yang-qi* passes the eye. Since Tianzhu (BL 10) faces the eyeball anteriorly and the Foot Taiyang Meridian originates from the eye region, it is closely related with the eyeball, and has the actions of promoting blood circulation and benefiting the eyesight, and removing blood stasis and resolving hard mass, to eliminate stagnated *qi* and blood in the eyes, hence an important point for treating diseases of the eyeground. Besides, Tianzhu (BL 10)

is located at the nape and pertains to the *yang* meridian. Needling at this point can produce the effect of activating *yang-qi*, eliminating cold and promoting blood flow, and regulating circulation of *qi* and blood in the nape, shoulder and back, hence a good point for treating cervical spondylosis. It was pointed out early in *The ABC Classic of Acupuncture and Moxibustion* (甲乙经) that ‘for stiff neck and foot spasm with breaking pain, Tianzhu (BL 10) is used for treatment’. Moreover, although Tianzhu (BL 10) is located at the nape, it faces the thyroid in front and is a near point for treating hyperthyroidism. This point can also be applied for treating exophthalmos due to hyperthyroidism. Therefore, in clinic Dr. Zhang often uses Tianzhu (BL 10) for treating diseases of the eyeground, cervical spondylosis, and hyperthyroidism.

Treating Different Diseases with the Same Prescription

Hemorrhage of eyeground, pigmentary degeneration of retina, and juvenile macular degeneration are different diseases of the eyeground. Although these different diseases have different manifestations of the eyeground and clinical symptoms, they have the same disease location, and the same pathogenesis of disharmony and obstruction of *qi* and blood of the eye collaterals, leading to failure of essence to be transported upward, so malnutrition of the eye. Therefore, the treatments can all be based on the principle of regulating *qi* and blood of the eye system and dredging the collaterals at the eyeground to promote free flow of *qi* and blood in the collaterals to nourish the eye. Based on his clinical experience, Dr. Zhang has summarized a basic prescription for treating these intractable diseases of the eyeground, i.e. Xinming 1, Fengchi (GB 20), Shang Jingming (Extra, upper BL 1), and Qiuhou (EX-HN 7). With the selection of mid-distance and nearby points, this basic prescription can give the effect of promoting free flow of *qi* and blood, nourishing the eyes, and making vision clear. Even some external eye

diseases can also be treated with this basic prescription. Of course, since they are different eye diseases and have different symptoms and natures, Dr. Zhang would add some adjunct points to this basic prescription. For instance, for optic atrophy, Xingming 2 and **Shangming (EX-HN)** are added; for pigmentary degeneration of retina, Yiming (EX-HN 14) is added; for macular degeneration of the eyeground, Tianzhu (BL 10) and Chengqi (ST 1) (used alternately with Qiuhou (EX-HN 7) are added; and for hemorrhage of the eyeground, Taiyang (EX-HN 5) is added.

Because of overwork, a monk got right-eye retinal periphlebitis and vitreous hematocoele. His eyesight decreased suddenly, which made him able to see things only within 10 cm. Although the condition was controlled by the local hospital with active treatment for checking bleeding and relieving inflammation, his eyesight was not a bit improved. He had been treated in many places, but in vain. Half a year later, he was treated by Dr. Zhang with acupuncture at Xinming 1, Shang Jingming (Extra, upper BL 1), Fengchi (GB 20), Qiuhou (EX-HN7), and added with Taiyang (EX-HN 5) and Zanzhu (BL 2). The treatment was given 3 times a week. After 5 treatments, his right eyesight began to restore. After 3 courses of treatment, his eyesight restored to 0.9.

Another example is a boy of 13 years old. The boy's eyesight decreased markedly because of congenital macular degeneration. The eyesight of both eyes was 0.07. At normal times, he needed the help of magnifying glass in study and reading. After 3-course acupuncture treatment with the above-mentioned prescription, his eyesight raised to 0.2 (left) and 0.3 (right). Later he could do reading without the help of magnifying glass.

Treating Different Diseases with the Same Method of Treatment

1. Penetrating puncture: Intractable ocular muscle spasm, paralysis of lateral rectus, ocular myasthenia gravis, and asthenopia are all external ocular

diseases with different manifestations. In clinical practice, Dr. Zhang has found that the application of penetrating puncture plays a very important role in raising the therapeutic effect for these diseases, for example, the three main penetrating puncture of Zanzhu (BL 2) penetrating to Shang Jingming (Extra, upper BL 1), Yangbai (GB 14) to Yuyao (EX-HN 4), and Sizhukong (TE 23) to Yuyao (EX-HN 4). Deep penetrating puncture from Yuwei (Extra) to Zanzhu (BL 2) is an effective method for paralysis of lateral rectus. Penetrating puncture has the effect of bringing coordination between *yin* and *yang*, dredging channels and collaterals, directly connecting the exterior and interior *yin-yang* channel *qi*, strengthening the connection between channels and collaterals, between points, and between channel points and *zang-fu* organs to promote free flow of *qi* in the *yin-yang* channels. Since the penetrating puncture has the effect of 'connecting *qi* and dredging the channels', it can raise the therapeutic effect. It has also been proved by clinical practice that by selecting fewer but better points to avoid injury of the defensive *qi* and to strengthen the needling sensation, penetrating puncture can enhance the therapeutic effect.

For example, a female, 48 years old, because of long time working at computer and persistent short-distance looking at the screen, she got ocular overwork, accompanied with distention, pain, soreness, epiphora and aversion to light, and heavy sensation of both eyes, disinclination to open the eyes, unclear vision, dizziness and headache, and nausea; which made her unable to work and suffer a lot. In the recent one year and more, she went to many hospitals and the examinations excluded ocular organic pathologic changes. She was diagnosed as having asthenopia. In the treatment, Dr. Zhang used mainly the above-mentioned penetration needling, combined with needling at Xinming 1, Fengchi (GB 20), and Qiuhou (EX-HN 7). After the first treatment upon withdrawal of needles, she got immediate disappearance of all the symptoms of asthenopia. This improvement did not

last long, and she got all the symptoms reappeared on the following day. Later, after several months' acupuncture treatment, her condition was getting improved and controlled. At present she can work with the computer as before her illness.

A male, 52 years old, he was hospitalized in a certain hospital for paroxysmal headache for 10 days, followed by blurred vision for 7 days and double vision of the left eye. Based on the various examinations, he was diagnosed as having ocular abducent paralysis. He received comprehensive treatment with both western and Chinese drugs, but no improvement. At the moment the examination showed: normal eyegrounds; fairly free inward, upward and downward movements of the left eyeball; limited abduction and inward deviation of the left eyeball; pale-red tongue with thin-white coating; and wiry-thready pulse. The diagnosis: left eye ocular abducent paralysis. In the treatment, penetrating puncture from Yuwei (Extra) to Zanzhu (BL 2) of the affected side was first selected, combined with needling at Xinming 1, Fengchi (GB 20), Shang Xinming, Sizhukong (TE 23), and Tongziliao (GB 1), with needles retained for 30min. The treatment was given twice a week. After 8 times of the above treatment, the patient's double vision was basically disappeared and the inward deviation of the left eyeball obviously alleviated. After another 7 treatments, the left eyeball could do abduction, the inward deviation was not obvious, and the double vision disappeared. After 20 treatments, the visual sense and eyeball movement all became normal.

2. Pricking-cupping bloodletting: Endometriosis, intractable facial paralysis, and migraine have completely different locations of affection, and clinical symptoms and signs, but in a certain developing period they may all be caused by stagnation of *qi* and blood stasis. Therefore, pricking-cupping bloodletting applies to all these diseases in the treatment for dredging the channels and collaterals, and softening the hard masses. For instance, for intractable endometriosis, the adding

of pricking-cupping bloodletting on points at the lumbar sacral region near the pelvic organs can make the intractable progressive dysmenorrhea controlled. For intractable facial paralysis, the application of pricking-cupping bloodletting can give great help to the restoration of the paralytic nerve and muscle.

Pricking-cupping bloodletting can also be effective for stubborn migraine. A male, 20 years old, had repeated attacks of severe migraine for 2 years, one attack each month, with unknown reason. He would have sudden severe one-side headache, characterized by pricking or bounding pain, which could last several hours or even several days. Each attack was accompanied with syncope and unconsciousness. He had received many times of emergency treatment and hospitalization. A series of examinations by CT, MRI and EEG had excluded epilepsy and other cerebral pathologic changes. He was diagnosed as having migraine. After body-point needling combined with blood-letting puncturing and cupping on Dazhui (CV 14), Taiyang (EX-HN 5), and Yangbai (GB 14), the frequency of attacks and severity were obviously decreased. During the acupuncture treatment period, the attack of headache was not accompanied with syncope.

Variations Done in the Same Treatment

Treating different diseases with the same method is based on the TCM theory of syndrome-differentiation, i.e. the same treatment for the same syndrome. Syndrome is the key determining the treatment. Different diseases can have the same syndrome. However, the same syndrome may have different clinical manifestations in different kind of diseases. In other words, the various essential factors constituting the same type of syndrome, such as the main symptoms, the secondary symptoms, the accompanying symptoms, and tongue signs and pulse readings, may take different positions in order in different kinds of diseases.

Different diseases having the same syndrome refers to that in a certain period of development they may have the same clinical manifestations and the common pathological course, yet the essences are varied. Although the author gives the same treatment to the same syndrome, there should be variations done in the principle of treatment and prescription according to the actual condition. For instance, there can be variations in the basic point prescription, or in the specific needling techniques. Take Xinming 1 for example. Although it can be applied for treating diseases of the eyeground, facial muscular spasm, and trigeminal neuralgia, attention should be paid in the treatment to the different needling directions and manipulations. For diseases of the eyeground, the needle tip should be directed to external canthus, and the needle should be manipulated with the uniform reinforcing-reducing method; for facial muscular spasm, the needle tip should be directed paranasally, and the needle be manipulated with the reinforcing method; and for trigeminal neuralgia, the needle tip should be directed to the painful nerve branch, and the needle be manipulated with the reducing method. Besides, the adjunct points for these three diseases are different as well. The adjunct points for diseases of the eyeground include Xinming 2, Yiming (EX-HN 14), Tianzhu (BL 10), Chengqi (ST 1), and Taiyang (EX-HN 5). And the adjunct points for trigeminal neuralgia include Xiaguan (ST 7), Yingxiang (LI 20), Heliao (LI 19), Jiachengjiang (Extra), and Dicang (ST 4).

In short, like other TCM therapies, acupuncture treatment must be based on a full mastering of the regularity of the occurrence and development of a disease and its pathogeneses, the accurate selection of points, prescriptions and treating method. Only in doing so, can the treatment strike at the root of the disease and be effective.

(Translated by Wang Xinzhong 王新中)